



# **BEHAVIORAL HEALTH RESIDENTIAL FACILITY**

# **Online Prior Authorization Submission Guide**

**March 20, 2019**

# Preferred Method of Submission

- Use of the AHCCCS Online Provider Web Portal is the preferred method of authorization submission for Fee for Service authorization requests for acute services. Online submission allows PA staff to process authorization requests for NEMT, Medical and Behavioral Health level 1 facility requests more efficiently.
- Providers may directly enter their authorization requests through the AHCCCS Online portal, receive a Pended authorization or case number, and use the Attachment feature to upload the supporting documents directly with your request.
- The status of prior authorizations should be checked using the Web Portal. To manage the volume of incoming authorization calls the area receives, prior authorization staff no longer provides authorization status or issues standard authorizations over the phone.
- Providers are encouraged to use the web portal to enter authorization requests for immediate access to a provisional authorization number that can be used to track authorization status. The ability to view authorization status online is delayed pending authorization entry for faxed authorization requests.
- **NOTE: IF SUBMISSION OF A Prior Authorization request or documentation is not possible due to internet outage or other unforeseen events, then it can be done through the fax method. If the documents are faxed, the Prior Authorization Request Form must continue to be utilized.**

# Prior Authorization Submission

There are *two* ways to access the AHCCCS Online Prior Authorization Submission Web Portal.

Main AHCCCS Web page

[WWW.AZAHCCCS.GOV](http://WWW.AZAHCCCS.GOV)

Select  
Plans/Providers tab



Google Custom Search



HOME

AHCCCS INFO

MEMBERS/APPLICANTS

PLANS/PROVIDERS

AMERICAN INDIANS

RESOURCES

FRAUD PREVENTION

CRISIS?

AHCCCS Online

## Health Plans

- MCO Update Meetings
- Minimum Subcontract Provisions
- Reporting Third-Party Liability
- ALTCS Electronic Member Change Request (EMCR)
- Solicitations & Contracts
- Encounters
- Reinsurance
- Quality Assessment and Performance Improvement Strategy

## New Providers

- Freestanding Emergency Department
- Provider Registration
- Provider Reenrollment
- Treat and Refer
- Minimum Subcontract Provisions
- Enrollment Fee

## Current Providers

- Provider Website
- Provider Reenrollment
- CRS Referrals
- ALTCS Electronic Member Change Request (EMCR)
- Self Directed Attendant Care
- Direct Care Workers
- Nursing Facility Information
- Hospital Assessment
- Provider Survey
- Non-Emergency Medical Transportation
- EHR Incentive Program
- Data Access
- Proposition 206

## Guides - Manuals - Policies

## Rates and Billing

- Managed Care
- Fee-for-Service
- Copayments
- FQHC & RHC
- Hospital Presumptive Eligibility
- Hospital Reimbursement
- PCP Parity

## Pharmacy

## Targeted Investments

# Prior Authorization Submission

The second option is to enter the URL address as shown below:

[HTTPS://AZWEB.STATEMEDICAID.US](https://azweb.statemedicaid.us)

# Log in to AHCCCS Online



[FAQ](#) | [Terms Of Use](#) | [Log In](#)



Arizona Health Care Cost Containment System  
*Our first care is your health care*

#### New Account

Register for an AHCCCS Online account.  
To learn more about AHCCCS Online, [Click Here](#)

#### Hospital Assessment

[View Hospital Assessment Invoice](#)  
[Make a Hospital Assessment Payment](#)

#### Health Plan Links

[View Health Plan Links](#)

Thank you for visiting AHCCCS Online. In order to use the site, you must have an active account. Please login or register a new account. For questions, please contact our Customer Support Center at **(602) 417-4451**.

#### **\*\* ATTENTION - SHARING ACCOUNTS IS PROHIBITED! \*\***

Please remember that sharing account logins is prohibited and violates the AHCCCS User Acceptance Agreement. You should NOT share your user name and password with any other individuals. Each user must have their own web account. Access to the web site can be terminated if the User Acceptance Agreement is violated.

#### **\*\*\* ATTENTION! \*\*\***

Effective January 1, 2017, Non JHS/638 NEMT providers transporting TRBHA members over 100 miles, one way or round trip, must receive prior authorization for the transport. Behavioral health transports must be to and from a covered behavioral health service. Prior Authorization requests:

1. Must be submitted prior to service delivery in order to be considered timely.
2. Must contain a valid behavioral health diagnosis.

#### **\*\*\* ATTENTION! TERMS OF USE UPDATE \*\*\***

**EFFECTIVE IMMEDIATELY** - Please read the updated [Terms of Use](#) for AHCCCS Online. Your continued use of the site constitutes your acceptance of the amended agreement. IF YOU DO NOT AGREE WITH ANY PORTION OF THESE TERMS, YOU MUST CEASE YOUR ACCESS AND USE OF THE WEBSITE.

#### AHCCCS Online User Manuals

##### Sign In

Username

Password

Forgot your Password? [Click Here](#)

- Passwords are case-sensitive. After 3 failed attempts, within 15 minutes, your account will be locked out, and you will either need to contact your Master Account holder to unlock your account or use the Password Recovery feature.

Enter Username and Password and click "Sign In"

From the Menu toolbar, select prior authorization submission.

Menu
<a href="#">AIMH Services Program</a>
<a href="#">Claim Status</a>
<a href="#">Claims Submission</a>
<a href="#">EFT Enrollment</a>
<a href="#">Member Verification</a>
<a href="#">Newborn Notification</a>
<a href="#">Prior Authorization Inquiry</a>
<a href="#">Prior Authorization Submission</a>
<a href="#">Provider Verification</a>
<a href="#">Provider Re-Enrollment/Revalidation</a>
<a href="#">Targeted Investments Program</a>

For additional information regarding prior authorizations, see the information posted on the screen, to move forward, select the "Prior Authorization Submission" tab.

## Welcome to the FEE-FOR-SERVICE Prior Authorization Web Portal

To facilitate Prior Authorization requests, guidelines are provided to assist you in determining whether Prior Authorization is required. This is not an exhaustive list. For more detail, see Chapters 300, 400, 800, and 1100 in the AHCCCS MEDICAL POLICY MANUAL (AM/PM)

### Services that require Prior Authorization:

- Tribal ALTCS Acute Inpatient Behavioral Health.
- Durable Medical Equipment (DME) consumable >\$100.00 and durable > \$300.00 and all rentals.
- Elective (scheduled) Hospitalizations
- Home Health
- Hospice
- Skilled Nursing Facility
- Non - Emergency Outpatient Procedures
- Non - Emergency Surgery
- Podiatry
- Acute Inpatient Rehabilitation
- Outpatient Physical Therapy for Members > 21 years old.
- Non - Emergency Transportation > 100 miles

### Services that do not require Prior Authorization:

- Services performed during a Retroactive Eligibility Period.
- When another coverage is primary, e.g.: Medicare or Commercial Insurance.
- Emergency Hospitalization < 24 hours; ICU and Non - ICU < 72 hours.
- Diagnostic procedures, e.g.: EKG, MRI, CT Scans, X-rays, Labs, colonoscopy, EGD, Sleep Studies.
- Non - Surgical Procedures, e.g. PICC Line removal or placement, Central Line removal or placement, PEG removal, Blood Transfusions.
- Outpatient Chemotherapy and Radiation.
- Emergency Dental and Dental Services for Members < 21 years old (see AM/PM chapter 400 ).
- Eye Glasses for members < 21 years old.
- Family Planning Services
- Physician Consultations and Office Visits
- Prenatal Care
- Emergency Transportation

### Services that are not managed by AHCCCS FFS Prior Authorization Unit: You must contact the appropriate entity for authorization.

- Non-Acute Services for Tribal ALTCS members (contact Case Manager)
- Transplant Services (contact Transplant Coordinator in the Division of Health Care Management at AHCCCS).
- Prescription Medication (contact the contracted PBM).
- Behavioral Health Services for Acute Care Members (contact Regional Behavioral Health Authority or Tribal Regional Behavioral Health Authority).

Prior Authorization Submission

# THREE STEP PROCESS

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**PA CASE CREATION**



**EVENT TYPE**



**ACTIVITY TYPE**



# Enter CASE - The Case Date should begin with the Admission date and end on the last day of the current calendar year for example (12/31/2019).

**Add New Case** 34 Case Search | Case List | Event List | Activity List | Help

---

Provider ID: 111111      Provider Name: B.H.R.F.      NPI: 1234567890  
B.H.R.F.

---

**Enter Case Information**

\* Indicates a required field.

AHCCCS ID: A12345678  
Service Provider ID: 1234567890  
Provider Contact Name: BHRF  
Contact Phone Number: 602-417-4000  
Effective Begin Date: 04-01-2019  
Effective End Date: 12-31-2019  
Description: Text

---

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801 E. Jefferson, Phoenix, AZ 85024

After entering the CASE details [Click the Next button.](#)  
Verify the Case information details. If correct [Click the Submit button](#) this will direct you to the Case List screen.



# Select the applicable Case number by clicking on the case number as shown below

Case List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click "Add New Case" button to add new case. Click Case number to view all events in the case. Click Update link to update the case.  
**NOTE:** Approved PA cases cannot be updated online.

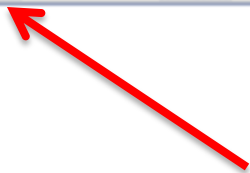
Provider ID: 111111      Service provider      Provider Name: BHRF      NPI: 1234567890

Search Dates  
Begin Date: N/A      End Date: N/A

Case List  
Transaction Succeeded.

Case No	AHCCCS ID	Begin Date	End Date	Case Status	Case Type	Description	Update
00000001	A12345678	10/01/2018	12/01/2018	PENED	PRIOR AUTHORIZATION	TEST BY JIE	<a href="#">Update</a>
00000012	A12345678	04/01/2019	12/01/2019	PENED	PRIOR AUTHORIZATION	TEST	<a href="#">Update</a>

Add New Case



Next select **Add New Event** to enter the Event information.  
Fields that have a **Red Asterisk \*** must be completed.

Event List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click "Add New Case" button to add new case. Click Case number to view all events in the case. Click Update link to update the case.  
**NOTE:** Approved PA cases cannot be updated online.

Service provider

Provider ID: 111111

Provider Name: BHRF

NPI: 1234567890

Search Dates

Begin Date: N/A

End Date: N/A

Event List

No Records Found.

Add New Event

Selecting the **ADD NEW EVENT** tab will allow you to enter the **Event Details** that are required for the authorization.

The Event Begin date is the Admission Date to the BHRF. Behavioral health diagnosis codes must begin with the letter "F".

**Add New Event** PA Case Search | Case List | Event List | Activity List | Help

---

Service provider			
Provider ID: 111111	Provider Name:	NPI:	
Recipient			
AHCCCS ID: A12345678	Name: AHCCCS, BUDDY	DOB: 01/01/1985	Gender: F
Case Detail			
Case No: 00000012	Begin Date: 04/01/2019	End Date: 12/31/2019	Status: PENDED

**Enter Event Information**

\* Indicates a required field.

Case No:	00000012
Event Type:	BHS PARTIAL CARE/TRANSPORTATION ▼
Recipient AHCCCS ID:	A12345678
Provider Contact Name:	BHRF
Contact Phone Number:	602-417-4000
Requested Begin Date:	04/01/2019
Requested End Date:	06/01/2019
Admit Date:	<input type="text"/>
Discharge Date:	<input type="text"/>
Diagnosis Code:	F99 <input type="text"/>
Description:	<input type="text"/>

## Add New Event

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Service provider	
Provider ID: 111111	Provider Name:
NPI:	

Recipient			
AHCCCS ID: A12345678	Name: AHCCCS, BUDDY	DOB: 01/01/1985	Gender: F

Case Detail			
Case No: 00000012	Begin Date: 04/01/2019	End Date: 12/31/2019	Status: PENDING

### Verify Event Information

Case No: 00000012  
Event Type: BP(BHS PARTIAL CARE/TRANSPORTATION)  
Recipient AHCCCS ID: A12345678  
Provider Contact Name: BHF  
Contact Phone Number: 602-417-40  
Requested Begin Date: 04/01/2019  
Requested End Date: 06/01/201  
Admit Date:  
Discharge Date:  
Diagnosis Code: F99.  
Description:

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If the information entered is correct,  
**click the Submit button.**

You will see a list of Events (if there are multiple Events under the current case). This example shows one Event.

### Event List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Service provider			
Provider ID: 111111	Provider Name:	NPI:	
Recipient			
AHCCCS ID: A12345678	Name: AHCCCS, BUDDY	DOB: 01/01/1985	Gender: F
Case Detail			
Case No: 00000012	Begin Date: 04/01/2019	End Date: 12/31/2019	Status: PENDED

### Event List

Transaction Succeeded.

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	Update	Attachments
01	BP	04/01/2019	06/01/2019		PENDED	PH009	F99.		



# PA Attachment Process

## Event List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Service provider			
Provider ID: 111111	Provider Name:	NPI:	
Recipient			
AHCCCS ID: A12345678	Name: AHCCCS, BUDDY	DOB: 01/01/1985	Gender: F
Case Detail			
Case No: 000000012	Begin Date: 04/01/2019	End Date: 12/31/2019	Status: PENDING

## Event List

Transaction Succeeded.

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	Update	Attachments
01	BP	04/01/2019	06/01/2019		PENDING	PH009	F99.		



**Click on Attachments to upload documentation.**



# This screen will appear.

## Attachments

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

AHCCCS will accept up to 99 files per Event. After files have been uploaded, click the "Submit" button to send the files to AHCCCS for processing.  
**NOTE:** Once the files are submitted to AHCCCS, they can no longer be deleted from the system. Please contact the PA Group for further assistance.

AHCCCS ID:	A12345678	Name:	AHCCCS, BUDDY	DOB:	01/01/1985	Gender:	F
------------	-----------	-------	---------------	------	------------	---------	---

Case No:	Begin Date:	04/01/2019	End Date:	12/31/2019	Status:	PENDEO
----------	-------------	------------	-----------	------------	---------	--------

Sequence No:	01	Service Begin Date:	04/01/2019	Service End Date:	06/01/2019	Status:	PENDEO
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Request Type:  Select file to upload:  No file chosen

Max File Size: 10MB  
Accepted File Types: pdf, doc, docx, gif, jpg, bmp, png

### Pending Attachments

\*\*\* NO PENDING ATTACHMENT(S) FOUND \*\*\*

### Submitted Attachments

\*\*\* NO SUBMITTED ATTACHMENT(S) FOUND \*\*\*

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You must then select the request type **"BH AIHP"**. You must also select **Choose File** to search your computer for the file you want to attach. After attaching your files you must select **"Upload Attachment"**.

AHCCCS will accept up to 99 files per Event. After files have been uploaded, click the "Submit" button to send the files to AHCCCS for processing.  
**NOTE:** Once the files are submitted to AHCCCS, they can no longer be deleted from the system. Please contact the PA Group for further assistance.

Recipient			
AHCCCS ID: A12345678	Name: AHCCCS, BUDDY	DOB: 01/01/1985	Gender: F
Case Detail			
Case No:	Begin Date: 04/01/2019	End Date: 12/31/2019	Status: PENDING
Event Detail			
Sequence No: 01	Service Begin Date: 04/01/2019	Service End Date: 06/01/2019	Status: PENDING

Request Type:  Select file to upload:

Pending Attachments  
\*\*\* NO PENDING ATTACHMENT(S) FOUND \*\*\*

Submitted Attachments  
\*\*\* NO SUBMITTED ATTACHMENT(S) FOUND \*\*\*

# You will see a message confirming successful submission of your file.

## Attachments

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

AHCCCS will accept up to 99 files per Event. After files have been uploaded, click the "Submit" button to send the files to AHCCCS for processing.  
**NOTE:** Once the files are submitted to AHCCCS, they can no longer be deleted from the system. Please contact the PA Group for further assistance.

AHCCCS ID: A12345678		Recipient	
Name: AHCCCS, BUDDY	DOB: 01/01/1985	Gender: F	
Case Detail			
Case No:	Begin Date: 04/01/2019	End Date: 12/31/2019	Status: PENDING
Event Detail			
Sequence No: 01	Service Begin Date: 04/01/2019	Service End Date: 06/01/2019	Status: PENDING

Request Type:

Select file to upload:

**File successfully uploaded.**

Max File Size: 10MB  
Accepted file Types: pdf, doc, docx, gif, jpg, bmp, png

### Pending Attachments

Behavioral Health Residential Facility.docx



### Submitted Attachments

\*\*\* NO SUBMITTED ATTACHMENT(S) FOUND \*\*\*

Next **CLICK** the **Submit Button**.

Next you should receive another message confirming successful submission for processing. The uploaded documents should appear under Submitted Attachments. After confirming this step, click on Event List (Top right corner of the screen) to get back to your Event List.

Attachments

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

AHCCCS will accept up to 99 files per Event. After files have been uploaded, click the "Submit" button to send the files to AHCCCS for processing.  
**NOTE:** Once the files are submitted to AHCCCS, they can no longer be deleted from the system. Please contact the PA Group for further assistance.

AHCCCS ID: A12345678		Name: AHCCCS, BUDDY		Recipient DOB: 01/01/1985		Gender: F	
Case No:		Begin Date: 04/01/2019		End Date: 12/31/2019		Status: PENDING	
Sequence No: 01		Service Begin Date: 04/01/2019		Service End Date: 06/01/2019		Status: PENDING	



Request Type:  Select file to upload:  Browse...

**Attachments successfully submitted for processing.**

Max File Size: 10MB  
Accepted File Types: pdf, doc, docx, gif, jpg, bmp, png

Pending Attachments	Submitted Attachments
*** NO PENDING ATTACHMENT(S) FOUND ***	Behavioral Health Residential Facility.docx 3/20/2019

# Click on the Sequence number for the Event dates that you need to enter the Activity Codes (Billing codes)

**Event List** PA Case Search | Case List | Event List | Activity List | Help

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**Service provider**

Provider ID: 111111      Provider Name:      NPI:

---

**Recipient**

AHCCCS ID: A12345678      Name: AHCCCS, BUDDY      DOB: 01/01/1985      Gender: F

---

**Case Detail**


Case No: 000000012      Begin Date: 04/01/2019      End Date: 12/31/2019      Status: PENDED

---

**Event List**

Transaction Succeeded.

Sequence	Event Type	Begin Date	End Date	Admit Date	Status	Reason	Diagnosis Code	Update	Attachments
01	BP	04/01/2019	06/01/2019		PENDED	PH00	F99.		



# Next click Add New Activity to enter Activity Codes.

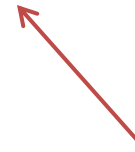
## Activity List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity.  
**NOTE:** Approved activities cannot be updated online.

Service provider			
Provider ID:	111111	Provider Name:	BHRF
		NPI:	1234567890
Recipient			
AMCCCS ID:	A12345678	Name:	AHCCCS
		DOB:	
		Gender:	F
Case Detail			
Case No:	00000012	Begin Date:	04/01/2019
		End Date:	12/31/2019
		Status:	PENDING
Event Detail			
Sequence No:	01	Srv Begin Date:	04/01/2019
		Srv End Date:	06/01/2019
		Status:	PENDING
Activity List			
No Records Found.			

Add New Activity



Select **"HCPCS"** to identify the type of billing code for this setting. Next enter the HCPCS/ billing code **H0018** and the number of units (units=days) based on the dates of service entered.

Activity List

RA Case Search | Case List | Event List | Activity List | Help

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity.  
**NOTE:** Approved activities cannot be updated online.

Provider ID: 111111		Provider Name: BHRF		NPI: 1234567890	
AHCCCS ID: A12345678		Name: AHCCCS		Gender: F	
Case No: 000000012		Begin Date: 04/01/2019		End Date: 12/31/2019	
Sequence No: 01		Srv Begin Date: 04/01/2019		Srv End Date: 06/01/2019	

Enter Activity Information

Indicates a required field.

Case Number:\* 000000012

Provider Contact Name:\* BHRF

Contact Phone Number:\* 602-417-4000

Sequence Number:\* 01

Activity Type:\* HCPCS

Activity Code:\* H0018

Modifier:

Allowed Units:\* 10

Note:

Next Clear

# Reminder: Fields with a **RED ASTERISK\*** Must be completed.

Activity List RA Case Search | Case List | Event List | Activity List | Help

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity.  
**NOTE:** Approved activities cannot be updated online.

Provider ID: <b>111111</b>		Provider Name: <b>BHRF</b>		NPI: <b>1234567890</b>	
AHCCCS ID: <b>A12345678</b>		Name: <b>AHCCCS</b>		DOB: <b></b>	
				Gender: <b>F</b>	
Case No: <b>000000012</b>		Begin Date: <b>04/01/2019</b>		End Date: <b>12/31/2019</b>	
				Status: <b>PENDING</b>	
Sequence No: <b>01</b>		Srv Begin Date: <b>04/01/2019</b>		Srv End Date: <b>06/01/2019</b>	
				Status: <b>PENDING</b>	

## Enter Activity Information

Indicates a required field.

Case Number:	*	000000012
Provider Contact Name:	*	BHRF
Contact Phone Number:	*	602-417-4000
Sequence Number:	*	01
Activity Type:	*	HCPCS <span style="float: right;">▼</span>
Activity Code:	*	H0018
Modifier:		
Allowed Units:	*	10
Note:		
<input type="button" value="Next"/> <input type="button" value="Clear"/>		

After reviewing the information entered, **Click the Next button.**



# After reviewing the information again, **click Submit.**

Activity List [All Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity.  
**NOTE:** Approved activities cannot be updated online.

Service provider			
Provider ID: 111111	Provider Name: BHRF	NPI: 1234567890	
Recipient			
AHCCCS ID: A12345678	Name: AHCCCS	DOB:	Gender: F
Case Detail			
Case No: 000000012	Begin Date: 04/01/2019	End Date: 12/31/2019	Status: PENDING
Event Detail			
Sequence No: 01	Srv Begin Date: 04/01/2019	Srv End Date: 06/01/2019	Status: PENDING
Activity List			

### Verify Activity Information

Case Number: 000000012  
Provider Contact Name: BHRF  
Contact Phone Number: 602-412-40  
Sequence Number: 01  
Activity Type: H (HCPDS)  
Activity Code: H0018  
Modifier:  
Allowed Units: 90  
Note: Test



# Successful Submission of the PA.

## Activity List

[PA Case Search](#) | [Case List](#) | [Event List](#) | [Activity List](#) | [Help](#)

Click "Add New Activity" button to create new activity. Click "Update" link to update the activity.  
**NOTE:** Approved activities cannot be updated online.

<b>Provider ID:</b> 111111		<b>Provider Name:</b> BHRF		<b>NPI:</b> 1234567890	
<b>AMCCS ID:</b> A12345678		<b>Name:</b> AHCCCS		<b>DOB:</b>	
				<b>Gender:</b> F	
<b>Case No:</b> 000000012		<b>Begin Date:</b> 04/01/2019		<b>End Date:</b> 12/31/2019	
				<b>Status:</b> PENDING	
<b>Sequence No:</b> 01		<b>Srv Begin Date:</b> 04/01/2019		<b>Srv End Date:</b> 06/01/2019	
				<b>Status:</b> PENDING	

Transaction Succeeded.

Line No	Activity Type	Activity Code	HCPCS	Allowed Units	Used Units	Status	Reason	Unit Price	Update
01	HCPCS	H0018	HCPCS	90.000	0.000	PENDING	PH005	201.0000	<a href="#">Update</a>



# Continued Stay Submissions:

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If you need to extend the member's stay please refer to the documents Attachment procedure from the previous slide.

**Note:** If your authorization is not in a **Pended Status**, you will not be able to alter the **Event Dates** or the **Activity Information**.

You will only be able to submit additional documentation. Please indicate the date span you are requesting continued stay authorization on.